

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by OMB
0348-0046

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. Initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency:		7. Federal Program Name/Description: CFDA Number, if applicable: _____
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI):		b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):
(attach Continuation Sheet(s) SF-LLL-A, if necessary)		
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form - LLL

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

Department of Transportation Federal Aviation Administration		X-RAY SYSTEMS RADIATION LEAKAGE REPORT (BAGGAGE INSPECTION) <small>(Required by 14 CFR 108.17, 14 CFR 139.26)</small>		FIELD SERIAL NO. 11-7 T	Form Approved OMB No. 2120-0098
AA	1.1 Name of Facility (18-80)	FDA Region <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 16 17		BB	St. No./Name, R.R. No. or Airline/Airport (10-80)
	Address of Facility and Specific Location of X-Ray System	City (10-73)			State Code <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 74 75
CC	Room No. or Other Location of System (10-32)		Person Interviewed (23-54)		76 ZIP Code 80
	Certification Label Present <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 85		Instrument(s) (Type and serial number) <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 86 Telephone No. 87		
DD	1.2 Manufacturer and Product ID		A. Manufacturer (Responsible Firm)		B. <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 10 Mfr. Code 13
	D. <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 88 Unique I.D. 43		E. System Serial No. <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 44		C. System Model No. and/or Name <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 68
	F. Date of Manufacture Mo. <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 70 Yr. <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 73		1.4 Operator Instructions Available <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 75 Y - Yes N - No		1.5 Maintenance Schedule Available <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 76 Y - Yes N - No
	2.0 Warning Labels Indicators		2.1 Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 78 Y N		2.2 Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 79 Y N
01	2.3 Two Indicators Labeled "X-Ray On" Present at Controls (One May Be Labeled "mA Meter") <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 80 Y N		2.4 At Least One Indicator, Marked "X-Ray On", Visible from Each Port, Door, and Access Panel <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 10 Y - Yes N - No		3.0 Interlocks
	3.2 Door Safety Interlocks		A. Minimum Number of Interlocks Visible at Any One Door <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 19 Y N		3.1 "Captured Key" Control <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 11 Y N
	B. At Least One Interlock Dependent on No Moving Part Except Door <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 13 Y N		3.3 Prevention of X-Radiation by Interlocks		A. All Doors and Access Panels That Were Tested Prevent Generation of X-Radiation <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 14 Y N
	4.0 Ports and/or Apertures		4.1 Some Part of the Body Can Be Inserted Through a Port Into the Primary Beam <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 16 Y N U - Not Applicable		4.2 Some Part of the Body Can Be Inserted Into an Aperture <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 17 Y N U - Not Applicable
02	5.0 Baggage Inspection Systems		5.1 Means Provided to Ensure Operator Presence at the Control Area <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 24 Y N		5.2 Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing Additional Exposures of Less than One-Half Second <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 35 Y N
	7.0 Leakage Radiation		Specific Test Procedure Used <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 10		7.1 Scatter Block Description <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 12
03	7.2 Technical Factors		10 <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 12 kVp		13 <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 18 mA
	7.3 Location Exposure Levels Circle Correct Unit Non-Compliance Advisory Systems Only Number of Exposures Initiated		Location Exposure Levels Circle Correct Unit Non-Compliance Advisory Systems Only Number of Exposures Initiated		
04	19 20 21 22 mR or mR/hr 23 exp.		24 25 26 27 mR or mR/hr 28 exp.		05
	29 30 31 32 mR or mR/hr 33 exp.		34 35 36 37 mR or mR/hr 38 exp.		
	39 40 41 42 mR or mR/hr 43 exp.		44 45 46 47 mR or mR/hr 48 exp.		
	49 50 51 52 mR or mR/hr 53 exp.		54 55 56 57 mR or mR/hr 58 exp.		
06	59 60 61 62 mR or mR/hr 63 exp.		64 65 66 67 mR or mR/hr 68 exp.		07
	69 70 71 72 mR or mR/hr 73 exp.		74 75 76 77 mR or mR/hr 78 exp.		
07	Reasonable Number of Exposures That May Be Initiated in One Hour <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 24		OR Duty Cycle of System Indicated as a Percentage of One Hour <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 25		% <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 30
	8.0 Additional Information				
08	8.1		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
	8.2		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
09	8.3		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
	8.4		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
10	8.5		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
	8.6		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
11	8.7		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
	8.8		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
12	8.9		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
	8.10		10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80		
13	Surveyor Information		Surveyor Name (10-72) (Print L, F, MI)		Surveyor Signature
	Date of Survey		Mo <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 72 Day <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 73 Yr <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 74		Surveying Agency Code <div style="border: 1px solid black; width: 20px; height: 10px; margin: 0 auto;"></div> 75
Remarks:					